

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48618

1. Entity Name

INTERNATIONAL GEM MERCHANTS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90003 009 ***158.75

Principal Place of Business

4168 OXFORD AVE
JACKSONVILLE FL 32210-1458

Mailing Address

4168 OXFORD AVE
JACKSONVILLE FL 32210-3356

916392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4495 ROOSEVELT BLVD

3. Mailing Address

4495 ROOSEVELT BLVD
SUITE 310

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2578040

Applied For

Not Applicable

Zip

Country

32210-3356 USA

Zip

Country

32210-3356 U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, DANA LOUISE
4168 OXFORD AVE
JACKSONVILLE FL 32210-1458

7. Name and Address of New Registered Agent

Name

Simon D. Rothstein, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Suite 104, 4417 Beach Boulevard

City

Jacksonville

FL

Zip Code

32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME BROOKS, DANA LOUISE
STREET ADDRESS 4168 OXFORD AVE
CITY-ST-ZIP JACKSONVILLE FL 32210-1458

TITLE VPS ☐ Delete
NAME SMITH, DANIELLE EDITH
STREET ADDRESS 4168 OXFORD AVE
CITY-ST-ZIP JACKSONVILLE FL 32210-1458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME BROOKS, DANA LOUISE
STREET ADDRESS 4495 ROOSEVELT BLVD #310
CITY-ST-ZIP JACKSONVILLE FL 32210-3356

TITLE VPS ☒ Change ☐ Addition
NAME SMITH, DANIELLE EDITH
STREET ADDRESS 4495 ROOSEVELT BLVD #310
CITY-ST-ZIP JACKSONVILLE FL 32210-3356

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Feb 2000 904 3885130

CR2E034 (9/99)